

It's Time for  
**Mexico Mission Trip!**



**Trip #1: 3-30-19 to 4-6-19**

**Trip #2: 6-8-19 to 6-15-19**

Pack up Friday at 6:30pm March 29 or June 7

Leave at 6am Sharp on Saturday March 30 or June 8

Return early evening Saturday April 6 or June 15

Training Dates: All meetings are 5-7 pm in the Clubhouse

#1. Sunday Jan. 27 for both trips

#2. Sunday Feb. 24 for both trips

#3 Sunday Mar. 10 Trip #1, Sunday May 19 Trip #2

#4 Fundraiser Dinner and Auction: March, Date TBD

#5 Sunday Mar. 24 Trip #1, Sunday June 4 Trip #2

I plan on attending: Trip #1:\_\_\_\_, Trip #2:\_\_\_\_, Both Trips:\_\_\_\_

## **What:** Building a home for ...

We will be constructing two steel stud single-family homes for the less fortunate. This is hands-on work and we will be using hand tools and power tools and there will be plenty of work to keep everyone busy. We will also be doing an outreach program with the children at a local church. There will be games, singing, crafts and stories as well as just loving children, which will be a life changing experience!

## **Where:** Greater Ensenada community....

We will be staying at the Real Life Ministries Ministry Site, which is located in Chapultepec, a neighborhood at the southern end of Ensenada. We will be building homes in an area to the south and east of greater Ensenada and that is also where we will be doing our outreach program with children.

## **Who:** Dennis and Debbie Hollenbeck... and you!

Dennis and Debbie Hollenbeck run "Real Life Ministries" in Ensenada Mexico. They have been involved with this home building ministry for over 20 years and have helped many local families to have the dream of a "home of their own" come true. They also give us the opportunity to come alongside and provide the manpower for building each of these homes. Dennis and Debbie empower the people who come to help with the building and outreach programs to serve on a level they have perhaps never experienced before.

Scott Berglin and Jan Ash have organized and led trips to Mexico for over 20 years. Each and every trip is incredible in it's own way, and they look forward to training and facilitating your experience with us.

## **How:** Driving down is part of the fun...

We drive the trip in 15 passenger vans. We have people handling the driving who have had years of experience driving these vans as well as driving in Mexico. What else do you need to go? A passport, a Dr.'s note, A notarized permission form to travel to Mexico if you are under 18 years of age, willing hands and heart. You also need to be available to attend the training meetings.

## **Why:** Stuff happens when you serve...

When you get out of your comfort zone and you serve another person crazy things will happen in your own life. Hopefully you will find that you come away with much more than you ever imagined! Whether it is building the home and then presenting the keys to the family and getting to see them enter their new home for the first time, or the shining eyes and huge smiles on the faces of the children we work with, we come away with much more than we give. It is truly an incredible experience.

Registration and \$500 per person deposit due Sunday Feb. 24, 2019  
Total Cost: \$850 adults, \$650 Children 13 & under

(Deposit is Non-Refundable, questions? Contact Jan: [jan@rockbiblechurch.com](mailto:jan@rockbiblechurch.com))

Participate in our fundraising events & go for even less! Last year fundraising dropped the total cost to about **half price** for those who participated.

# ROCK BIBLE CHURCH

## MEDICAL AND LIABILITY RELEASE for Participants

Mexico Mission  
2019

Event: Mexico Mission

Dates: 3-30-19 to 4-6-19 or 6-8-19 to 6-15-19

### PERSONAL INFORMATION

M/F: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ 2nd Email: \_\_\_\_\_

Emergency Contact ( *Not on the trip* ): \_\_\_\_\_ Phone: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_ Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Address: \_\_\_\_\_ Insured ID #: \_\_\_\_\_

### MEDICAL HISTORY

#### Allergies:

Drugs (list below): \_\_\_\_\_ Hay Fever: \_\_\_\_\_ Hives/Rash: \_\_\_\_\_ Insect Stings: \_\_\_\_\_

Foods: \_\_\_\_\_ Special Dietary Needs/Restrictions: \_\_\_\_\_ Vegetarian: \_\_\_\_\_

If any of these allergies are checked, please give details (i.e. include normal treatment of allergic reactions, types of reactions, food allergic to, etc.

Have you been a patient in the hospital during the past 2 years? Yes [ ] No [ ]

Have you been under the care of a medical doctor during the past 2 years? Yes [ ] No [ ]

Have you had surgery? If yes, please list date & type \_\_\_\_\_ Yes [ ] No [ ]

Have you taken any medicine or drugs during the past 2 years? Yes [ ] No [ ]

What medicines do you take now? List name & dosage \_\_\_\_\_

Date of last Tetanus: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please complete the medical table below. Check ALL appropriate boxes. PLEASE DESCRIBE any of the checked conditions below and any other serious illness not listed (*use add'l page if nec*): \_\_\_\_\_

CONDITION	X	CONDITION	X	CONDITION	X	CONDITION	X	CONDITION	X
Heart Trouble/Disease		Bruise Easily		Emphysema		Yellow Jaundice		Frequent Colds	
Heart Murmur		Anemia		Tuberculosis		Kidney Problems		Glaucoma	
Irregular Heartbeat		Excessive Bleeding		Cancer		Renal Dialysis		Stroke	
Angina/Chest Pain		Sickle Cell Disease		Radiation (X-ray Treatments)		Thyroid Disease		Convulsions	
Heart Attack/Failure		Hemophilia (Bleedng Problem)		Chemotherapy		Parathyroid Disease		Epilepsy/Seizures	
Congenital Heart Disorder		Leukemia		Stomach / Intestinal Disease		Arthritis/Gout		Fainting/Dizziness	
Mitral Valve Prolapse		Recent Blood Transfusion		Ulcers		Rheumatism		Tumors/Growths	
Scarlet Fever		Swelling of Limbs		Recent Wt. Loss		Cortisone Medicine		Psychiatric Care	
Rheumatic Fever		Lung Disease		Frequent Diarrhea		Artificial Joints		Anxiety	
Artificial Heart Fever		Breathing Problems		Diabetes		Excessive Whining		On Special Diet	
Heart Pace Maker		Shortness of Breath		Excessive Thirst		AIDS		Do you Smoke?	
Heart Surgery		Frequent Cough		Hypoglycemia		HIV Positive		Use smokeless tobacco products?	
High Blood Pressure		Hay Fever		Liver Disease		Drug Addiction		Wear contacts	
Low Blood Pressure		Sinus Trouble		Hepatitis A (infectious)		Cold Sores		Hearing problems	
Blood Disease		Asthma		Hepatitis B or C		Fever Blisters		Hearing Aid	

ROCK BIBLE CHURCH

Last Name: \_\_\_\_\_

# MEDICAL AND LIABILITY RELEASE FOR PARTICIPANTS

**Event: Mexico Mission      Dates: 3-30-19 to 4-6-19 or 6-8-19 to 6-15-19**

## RESTRICTIONS

Swimming Restrictions: Yes [ ] No [ ] Activity Restrictions: Yes [ ] No [ ] Other restrictions (*please specify*): \_\_\_\_\_

## OTHER PERTINENT MEDICAL INFORMATION

If participant should require medical attention for this trip for injuries received or illnesses contracted prior to coming on this trip, please send us the information necessary to ensure proper medical service if necessary: \_\_\_\_\_

List any other medical information or special needs we should be aware of: \_\_\_\_\_

## LIABILITY WAIVER, RELEASE AND MEDICAL AUTHORIZATION

**While ROCK BIBLE CHURCH makes every effort to provide a safe and pleasant environment for your child, we do require that this participation agreement be read, filled out, and signed and dated by the parent or legal guardian or each child who wishes to participate in the activities/trips planned and/or held by ROCK BIBLE CHURCH.**

The undersigned participant (and participant's parent(s)/guardian(s), if applicable) hereby authorizes ROCK BIBLE CHURCH, Pleasanton, California, acting through any adult volunteer or leader or other authorized agent, to consent to medical care (including, for example, any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and dental diagnosis or treatment) and/or hospital care to be rendered to the participant by or under the supervision of a physician and surgeon or dentist licensed under applicable law. This authorization is given pursuant to California Civil Code section 25.8 and shall remain in effect for the duration of the trip, unless revoked in writing by participant or participant's parent or guardian, as the case may be. ROCK BIBLE CHURCH and its volunteers, employees and agents are authorized to release medical information provided to them by participant (or participant's parent(s)/guardian(s) if applicable) to medical providers and emergency personnel in connection with any medical treatment provided to, or medical evaluation of, participant.

If participant is unable to complete the planned stay on the event identified above for any reason, participant (and participant's parent(s)/ guardian(s), if applicable) will reimburse ROCK BIBLE CHURCH for the reasonable cost of transporting participant from the event location to ROCK BIBLE CHURCH. I further agree to pay all incurred charges for dental, medical, or hospital care or treatment.

Participant (and participant's parent(s)/guardian(s), if applicable) authorizes ROCK BIBLE CHURCH and its partners and agents to use, copy, reproduce, display, distribute, publish and exhibit, in an appropriate manner, without restriction any pictures, video, audio reproduction or narrative description of the participant that may be created with respect to the event. Participant (and participant's parent(s)/guardian(s), if applicable) waives any right participant (and participant's parent(s)/guardian(s), if applicable) might have to inspect and/or approve such items or the use to which they may be put.

Participant (and participant's parent(s)/guardian(s), if applicable) hereby releases and forever discharges and agrees to hold harmless ROCK BIBLE CHURCH and its pastors, trustees, employees, volunteers and agents from any and all liability, claims and demands of whatever kind or nature, either in law or in equity, that may arise from participant's activities in connection with the event. Participant (and participant's parent(s)/guardian(s), if applicable) understands and acknowledges that this Release discharges ROCK BIBLE CHURCH and such persons from any liability or claim against ROCK BIBLE CHURCH or such persons with respect to bodily injury, personal injury, illness, death, or property damage that may result from the participation of participant in the event. ROCK BIBLE CHURCH does not assume any obligation to provide financial or other assistance to participant (or participant's parent(s)/guardian(s), if applicable), including but not limited to medical, health or disability insurance, in the event of injury, illness, death or property damage.

Participant (and participant's parent(s)/guardian(s), if applicable) understands that this Release applies to, covers and includes unknown, unforeseen, unanticipated and unsuspected damages, losses or liability and the consequences thereof, that result from the activities of this event as well as those now known to exist.

I (we) certify that the information provided above is correct and **I (WE) HAVE READ, UNDERSTAND AND AGREE TO THIS LIABILITY WAIVER, RELEASE AND MEDICAL AUTHORIZATION.**

PRINT Participant LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

PRINT PARENT OR GUARDIAN NAME: \_\_\_\_\_

Parent (with custody of Participant) or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

ROCK BIBLE CHURCH, 4100 First St, Pleasanton, CA 94566 (925) 931-0644